

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			*		*		*	
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1	✓						51						
2		✓					52						
3		✓					53						
4		✓					54						
5	✓						55						
6		✓					56						
7	✓						57						
8		✓					58						
9		✓					59						
10		✓					60						
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13	✓						63						
14		✓					64						
15	✓						65						
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17		✓					67						
18		✓					68						
19		✓					69						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	5						TOTAL IND.						
TOTAL DEP.	14						TOTAL DEP.						
TOTAL CLAIMS	19						TOTAL CLAIMS						